



Workers'  
Compensation  
Board

# ONBOARD

OnBoard: Limited Release for **Attorneys**

# Agenda

1. **OnBoard: Limited Release Recap**
2. **Changes for Claimant Attorneys**
  1. Notifications
  2. *Request for Review by Adjudication (Form RFA-1LC)*
3. **Frequently Asked Questions**
4. **Updates and What's Next**
5. **Q&A**



# OnBoard Timeline

- Began in summer 2019.
- Identifying opportunities to release system functionality early, to better assist stakeholders.
  - OnBoard: Limited Release
- OnBoard will be released in three phases:

Mid Second  
Quarter 2021  
(calendar year)



Limited Release  
Phase 1

No earlier than  
October 2021



eClaims EDI R3.1  
Phase 2

2023



OnBoard  
Phase 3

# Prior Authorization Requests in Limited Release

- Digitize and streamline the PAR process for the following requests:

New PAR Name	Current PAR Name
MTG Confirmation*	Attending Doctor's Request for Optional Prior Approval and Carrier's/Employer's Response (Form MG-1)
MTG Variance	Attending Doctor's Request for Approval of Variance and Carrier's Response (Form MG-2)
MTG Special Services	Includes the 12 treatment/tests related to the Medical Treatment Guidelines (MTGs) on the Attending Doctor's Request for Authorization and Carrier's Response (Form C-4 AUTH)
Non-MTG Over \$1,000	Includes any treatment/tests for a body part not covered by applicable MTGs costing more than \$1,000 Form C-4 AUTH

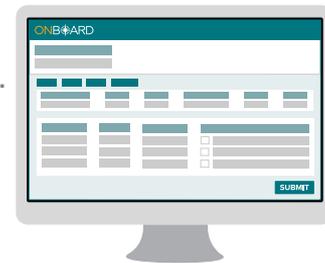
\*Claim Administrators can no longer “opt out” of the process. A response to the PAR is now **mandatory**.

# New Prior Authorization Requests in Limited Release

- **Durable Medical Equipment (DME) as needed.**
  - There will be a DME fee schedule that will determine if a DME requires prior authorization.
- **Treatments/tests for a body part not covered by applicable MTGs and costing \$1,000 or less.**
- **Medication.**
  - Replaces current Drug Formulary Prior Authorization Request process.
  - In process and completed requests will be transferred to OnBoard: Limited Release.



**All documents, including PAR and Formulary submissions, will be transferred to eCase.**



# Orders of the Chair

- With limited exceptions, if an Order of the Chair is generated, it will be done automatically and immediately after the insurer response timeframe ends.
- This will greatly reduce the need for claimants and their attorneys to track and follow up.

# Changes for Claimant Attorneys

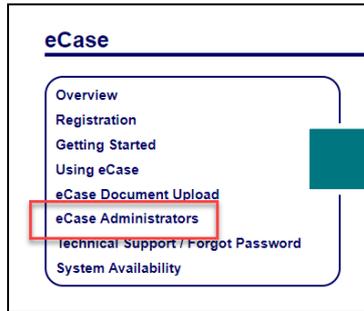
# Claimant Attorneys

- Claimant attorneys will not be users of Limited Release.
- Ability to receive email notifications when certain actions occur.

Type	Submission	Response	OTC	Escalation	NOR
Medication	X	X	X	X	✓
Durable Medical Equipment	✓	✓	✓	✓	✓
MTG Confirmation (MG-1)	✓	✓	✓	✓	✓
MTG Variance (MG-2)	✓	✓	✓	✓	✓
MTG Special Services	✓	✓	✓	✓	✓
Non-MTG Over \$1,000	✓	✓	✓	N/A	N/A
Non-MTG Under \$1,000	✓	✓	✓	✓	N/A

# Claimant Attorneys: Email Notifications

- Navigate to eCase Administrator page.
- A section will be added to provide or update your firm's email address.



**Online Administrator**

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**Administrator Functions - Main Page**

As the administrator, you can perform the functions below. These functions are limited to only employees within your organization - NYS Workers' Compensation Board - for a specific on-line service, which is selected on the next screen.

Function	Explanation
<input type="button" value="View Users"/>	Provides a list of Users and Administrators.
<input type="button" value="Find User"/>	Used to search by last name, or partial last name, through Users and Administrators.
<input type="button" value="Modify User"/>	Provides a list from which to modify a User or Administrator. This change will take effect immediately.
<input type="button" value="Add Users"/>	Used to add a new User or Administrator. This does not take effect immediately, it creates a request to the Board, with a confirmation number, which the Board will review.
<input type="button" value="Delete User"/>	Provides a list from which to delete a User or Administrator. Their access to another on-line service, if they have it, will not be affected. This change will take effect immediately for eCase and ICInquiry On-Line Services; the removal is queued for all other On-Line Services.
<input type="button" value="Make User an Administrator"/>	Provides a list from which to make a User an Administrator. This change will take effect immediately. (To add a new person as an Administrator, use the Add User function.)
<input type="button" value="Remove Administrator"/>	Provides a list from which to make an Administrator a User. This change will take effect immediately. (The change is not allowed if no Administrator will remain after the change.)
<input type="button" value="Add or Update Email"/>	Maintain Notifications of Prior Authorization Requests (PARs) by medical providers for your clients. These PARs will be submitted through the upcoming OnBoard application.

You can send an e-mail to [WCBCustomerSupport@wcb.ny.gov](mailto:WCBCustomerSupport@wcb.ny.gov) if you have any questions regarding this activity.

# Claimant Attorneys: Email Notifications

## Online Administrator

### List of current ID's on file for NYS Workers' Compensation Board.

Please update the email for the Notifications of Prior Authorization Requests (PARs).

Show  entries

Search:

ID	Current Email	Email Should Be	
R999333	testagain@test.com	<input type="text"/>	

Showing 1 to 1 of 1 entries

[First](#) [Previous](#) [1](#) [Next](#) [Last](#)

[Update Email](#)

[Return to Administrator Functions Page](#)

# Claimant Attorneys: Request for Review by Adjudication

- Claimant attorneys will use *Request for Further Action by Legal Counsel (Form RFA-1LC)*.
- Paper or electronic submission as currently available on Board website.

STATE OF NEW YORK - WORKERS' COMPENSATION BOARD REQUEST FOR FURTHER ACTION BY LEGAL COUNSEL			
This form is for use by claimant's attorney or licensed representative ONLY. Unrepresented claimants should use Form RFA-1W or ask for Board assistance.			
ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS		DATE OF INJURY (MM/DD/YY)	
1. WCB CASE NO.	2. CLAIM ADMINISTRATOR CLAIM (Carrier Case) NO.		
NAME			
ADDRESS TO WHICH NOTICES SHOULD BE SENT			APT. NO.
4. CLAIMANT	Check if new address: <input type="checkbox"/>		
5. EMPLOYER (at time of injury)			
6. INSURER			
7. ATTORNEY / LICENSED REP.			
<p>8. INSTRUCTIONS: The claimant seeks Board action regarding the claim identified above for the following reasons (check all that apply). Please note that the required documentation identified below must be attached to the form and submitted to the Board or must be referenced in the space provided below** (by date, name or title of document, and form ID) if it is already in the Board's electronic file. This form must be mailed, faxed or emailed to the Workers' Compensation Board. (See mailing and email filing address on reverse side).</p> <p>Competition:</p> <p><input type="checkbox"/> a. Payments should begin as claimant is not working as of _____ (medical documentation indicating disability required)</p> <p><input type="checkbox"/> b. An expedited (45-day) hearing is requested under WCL 29(2)(a). By checking this box I affirm that: A claim has been filed for a work-related injury; the employer is not paying wages; the claim has not been denied; there has not been a decision barring the claimant from compensation; I have reached out to the insurer to try to resolve the issue and was unable to resolve it. I understand that I may be liable for a penalty if I check this box and any of the above conditions do not apply.</p> <p><input type="checkbox"/> c. Payments should be suspended as claimant returned to work at full wages on _____</p> <p><input type="checkbox"/> d. Payments should be adjusted as claimant is working at reduced earnings as of _____ (documentation of medical disability and current earnings required)</p> <p><input type="checkbox"/> e. Payments should be adjusted as claimant has concurrent employment. (documentation of weekly gross pay preceding injury and statement from second employer regarding lost time required)</p> <p><input type="checkbox"/> f. Payments should be resumed as claimant has been released from incarceration on _____ and now seeks benefits. (medical documentation indicating disability and release from custody documentation required)</p> <p><input type="checkbox"/> g. Payments have not been paid as directed by Decision filed on _____</p> <p>Medical Issues:</p> <p><input type="checkbox"/> h. Claimant's medical condition has changed. (medical documentation indicating change required)</p> <p><input type="checkbox"/> i. Claimant's request for medical treatment has been denied or has not been addressed. (documentation indicating denial of request for medical treatment required. Please use Form MG-2 for variance denials.)</p> <p><input type="checkbox"/> j. Claimant's disability is now permanent. (medical Form C-4.3, Doctor's Report of MMI/Permanent Impairment required)</p> <p><input type="checkbox"/> k. Check this box if the claimant accepts the insurer's opinion on the severity of disability/loss of use.</p> <p><input type="checkbox"/> l. Claimant's request for medical and transportation reimbursement has been denied or not addressed. (receipts and Form C-257 required)</p> <p>Other:</p> <p><input type="checkbox"/> m. Parties have reached an agreement (Form C-300.5 or written stipulation, Form C-312.5 or proposed findings or Form C-32 required)</p> <p><input type="checkbox"/> n. Claimant has discontinued or settled a lawsuit pertaining to the accident/injury of this claim. (documents indicating discontinuance, settlement, or closing statement required)</p> <p><input type="checkbox"/> o. Claimant has new or requested documentation regarding _____ (documents required)</p> <p><input type="checkbox"/> p. Other (explain fully in the space provided below.) _____</p>			
**Document reference information (date, name/title, form ID):			
I certify that this request for Board action is based upon reasonable grounds, has been submitted with my client's consent, and that this form with attachments) has been provided to the opposing party(ies). I also certify that (check one box below):			
<input type="checkbox"/> I have discussed the issue(s) above with the opposing party(ies) or its representative(s) (give name of person contacted) _____ and that: _____			
<input type="checkbox"/> no settlement of the issue(s) could be reached. <input type="checkbox"/> settlement of the issue(s) was reached (documentation required) _____ on (date) _____			
<input type="checkbox"/> I have attempted to contact (name) _____ on (date) _____ to discuss the issue(s) above, but I have waited a reasonable time for a response, but that no discussion was forthcoming.			
CERTIFIED BY (Please Print Name)	ATTY/REP ID NO.	DATE PREPARED (MM/DD/YY)	AREA CODE TELEPHONE NUMBER
<input type="checkbox"/> An attorney/licensed representative fee is requested and Form OC-400.1 has been submitted.			
RFA-1LC (4-17)		SEE IMPORTANT INFORMATION ON REVERSE	

# Form RFA-1LC Submissions

PAR Type	PAR Decision	Reason	Timeframe
<ul style="list-style-type: none"><li>▪ Durable Medical Equipment</li><li>▪ MTG Confirmation</li><li>▪ MTG Variance</li><li>▪ MTG Special Services</li><li>▪ Non-MTG Over \$1,000</li><li>▪ Non-MTG Under \$1,000</li></ul>	Denial	<ul style="list-style-type: none"><li>▪ Administrative</li><li>▪ No Jurisdiction</li><li>▪ IME Scheduling</li></ul>	Within 21 Calendar Days of Decision

# Form RFA-1LC Submissions

PAR Type	PAR Decision	Reason	Timeframe
<ul style="list-style-type: none"><li>▪ MTG Variance</li><li>▪ MTG Special Services</li></ul>	<ul style="list-style-type: none"><li>▪ Partial Grant</li><li>▪ Denial</li></ul>	Medical Reasons Supported by an Independent Medical Exam (IME)	Within 21 Calendar Days of Decision

# Form RFA-1LC Submissions

PAR Type	PAR Decision	Reason	Timeframe
<ul style="list-style-type: none"><li>▪ MTG Variance</li><li>▪ MTG Special Services</li></ul>	Level 3/Medical Director's Office Response	Medical Reasons Supported by an Independent Medical Exam (IME)	Within 21 Calendar Days of Decision
<ul style="list-style-type: none"><li>▪ Medication</li><li>▪ DME</li></ul>	Level 3/Medical Director's Office Response	Medical Reasons Supported by an Independent Medical Exam (IME)	At Any Time

# Frequently Asked Questions



Q

Will the Board continue to accept paper PAR and *Form HP-1* submissions once the new system is available?

A

No. With the exception of any hardship exemptions that might be granted, once OnBoard: Limited Release is available; the submission of PARs and *Form HP-1s* must be made in the new system.

Q

Will medical marijuana requests be done via PAR? If so, which PAR type?

A

Medical marijuana will be submitted as a Medication PAR.



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Q

What are the required time frames for response at each level of review? Will they be the same as they are today?



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A

The mandatory time frames for each level of review for each PAR type are consistent with the time frames that are used today.



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How does an insurer reject a PAR on causality?



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The Level 1 reviewer can deny the request because the case has been controverted. In a Level 2 review, the insurer's physician can "grant without prejudice" if a body part/condition has not been accepted but cannot deny for that reason; they would need to deny on a medical basis.

Q

If a claimant attorney receives notifications from the Board's system today, will they need to provide their contact information again to receive notifications from OnBoard: Limited Release?

A

Yes. There will be a new eCase administrator option where claimant attorneys can provide their firm's email address to receive Prior Authorization Request (PAR) status change notifications from the OnBoard: Limited Release system. All detail information related to the PAR status change can be viewed in the electronic case folder in eCase.



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Q

Can a claimant attorney provide more than one email address to receive notifications?



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A

No. Claimant attorneys or claimant attorney firms can only provide a **single email address** that is associated with the firm's R-Number. This single email address will be used for all PAR status change notifications for which the claimant attorney or claimant attorney firm is on notice.



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How will attorneys be able to object to the denial of *Forms MG-2* and *C-4 AUTH*?



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They can file a *Form RFA-1LC* after the Board's Medical Director's Office has ruled on the health care provider's request for review of the denial. The only time that the claimant or attorney can request review immediately after the denial is if that denial relied on a new IME.

Q

Will the same forms be used regarding the resolution of requests, such as *Form C-325*?

A

Yes. For resolutions, the same forms and processes will be used as they are today.

Q

Will a Durable Medical Equipment (DME) fee schedule be included in OnBoard: Limited Release?

A

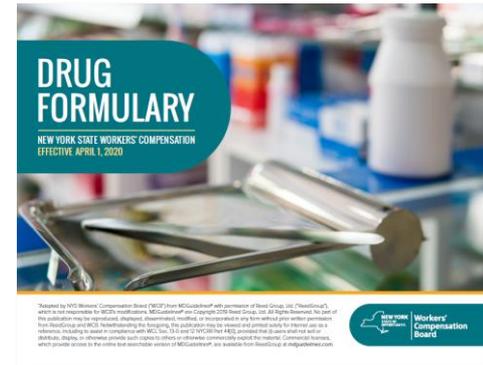
Yes, the *DME Fee Schedule* and the date by which prescription refills must comply with the Drug Formulary have been changed to go into effect in the second quarter of 2021, alongside OnBoard: Limited Release.



Available on the Board's website  
Health Care Providers > Medical Fee Schedules

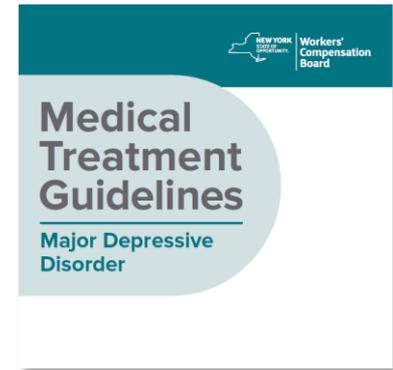
# Projects Timed with OnBoard: Limited Release

- ***New York Workers' Compensation Drug Formulary (Drug Formulary)***
  - Deadline for prescription drug refills to comply with the *Drug Formulary* becomes effective with launch of OnBoard: Limited Release.
  - Replaces the *Drug Formulary* currently available in the Medical Portal with the medication prior authorization request process submitted via OnBoard: Limited Release.



# Projects Timed with OnBoard: Limited Release

- ***Workers' Compensation Board's New York Medical Treatment Guidelines***
  - The following become effective with Limited Release:
    - Hand, Wrist and Forearm Injuries (these guidelines will replace the Carpal Tunnel MTGs)
    - Occupational/Work Related Asthma
    - Ankle and Foot Injuries
    - Elbow Injuries
    - Hip and Groin Injuries
    - Occupational Interstitial Lung Disease
    - Post-Traumatic Stress Disorder
    - Major Depressive Disorder
  - Updated Medical Treatment Guidelines coming:
    - **New:** Traumatic Brain Injury
    - Revisions of Mid and Low Back, Neck, Shoulder and Knee



# Updates & What's Next

# Latest Website Updates

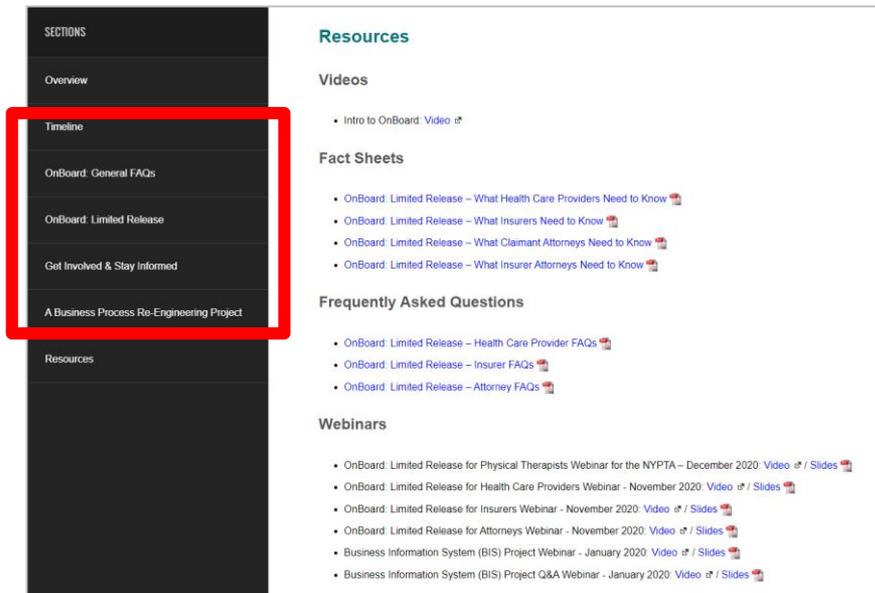
- Fact sheet for claimant and insurer attorneys
- Attorney FAQ
- Webinar slides and recordings available

The screenshot displays a dark navigation menu on the left with the following sections: Overview, Timeline, OnBoard: General FAQs, OnBoard: Limited Release, Get Involved & Stay Informed, A Business Process Re-Engineering Project, and Resources. The main content area on the right is titled 'Resources' and includes the following sections:

- Videos**
  - Intro to OnBoard: [Video](#)
- Fact Sheets**
  - OnBoard: Limited Release – What Health Care Providers Need to Know
  - OnBoard: Limited Release – What Insurers Need to Know
  - OnBoard: Limited Release – What Claimant Attorneys Need to Know
  - OnBoard: Limited Release – What Insurer Attorneys Need to Know
- Frequently Asked Questions**
  - OnBoard: Limited Release – Health Care Provider FAQs
  - OnBoard: Limited Release – Insurer FAQs
  - OnBoard: Limited Release – Attorney FAQs
- Webinars**
  - OnBoard: Limited Release for Physical Therapists Webinar for the NYPTA – December 2020: [Video](#) / [Slides](#)
  - OnBoard: Limited Release for Health Care Providers Webinar - November 2020: [Video](#) / [Slides](#)
  - OnBoard: Limited Release for Insurers Webinar - November 2020: [Video](#) / [Slides](#)
  - OnBoard: Limited Release for Attorneys Webinar - November 2020: [Video](#) / [Slides](#)
  - Business Information System (BIS) Project Webinar - January 2020: [Video](#) / [Slides](#)
  - Business Information System (BIS) Project Q&A Webinar - January 2020: [Video](#) / [Slides](#)

# Upcoming Website Updates

- New stakeholder specific sections
  - Fact sheets
  - Updated FAQs
  - New videos



# Next Steps for Attorneys

- Register for eCase, if you're not already
- [wcb.ny.gov](http://wcb.ny.gov) > eCase icon on homepage



# Stay Engaged

- [wcb.ny.gov/OnBoard](https://wcb.ny.gov/OnBoard)
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